## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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7590 04/08/2008						Cer	tificate	of Mailing or Transr	nission		
Intellectual Property Law Department Internal Zip 4054						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
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, : : : : : : : : : : : : : : :						. (Signature)					
		_					(Date)				
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.		
10/728,165 12/04/2003				Joshua Gunnar Tw	ait	ait AUS920030627US1 6786					
TITLE OF INVENTION: COMPUTER DISPLAY SYSTEM FOR DYNAMICALLY MODIFYING STACKED AREA LINE GRAPHS TO CHANGE THE ORDER OR PRESENCE OF A SET OF STACKED AREAS IN THE GRAPH RESPECTIVELY REPRESENTATIVE OF THE PROPORTIONS CONTRIBUTED TO A TOTAL BY EACH OF A SET OF TIME DEPENDENT VARIABLES											
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DI	JE.	
nonprovisional	•		\$1440	\$300		<b>\$0</b> @4/23/	2008	\$1740 ANONDAF2 00000014	07/08/2008 14 090447 10728165		
EXAMINER			ART UNIT	CLASS-SUBCLASS		U1 FC:	1501	1440.60 DA	1440.68 DA		
YANG, RYAN R 2628				345-440000		02 FC:1504 300.00 D					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is							
Number is required.	listed, no name wi				3						
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for											
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  International Business Machines Corporation											
Armonk, New York 10504 Please check the appropriate assignee category or categories (will not be printed on the patent):											
la. The following fcc(s) are submitted:    State   Issue Fee   Iss				ib. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is bereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19 (enclose an extra copy of this form).							
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	s. See 3	7 CFR 1.27.	☐ b. Applicant is no	long	er claiming SMAL	L ENT	TTY status. See 37 CF.	R 1.27(g)(2).		
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Authorized Signature Date 4/22/2008											
Typed or printed name Libby 2 Handelsman Registration No. 57.721											

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